

MODIFICATION OF GRANT OR AGREEMENT					PAGE	OF PAGES	
					1	2	
			OPERATOR GRANT or 3. MODIFICATION NUMBER:				
10-FI-11051753-016 AGREEMENT N			JMBER, IF ANY: 001				
4. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING 5. NAME/ADDRESS OF U.S. FOREST SERVICE UNIT ADMINISTERING							
GRANT/AGREEMENT (unit name, street, city, state, and zip + 4):			PROJECT/ACTIVITY (unit name, street, city, state, and zip + 4):				
Tahoe National Forest			Tahoe National Forest				
631 Coyote street			631 Coyote street				
Nevada City, CA 95959			Nevada City, CA 95959 7. RECIPIENT/COOPERATOR'S HHS SUB ACCOUNT NUMBER (For HHS				
6. NAME/ADDRESS OF RECIPIENT/COOPERATOR (street, city, state, and zip + 4, county):			payment use only):				
Camptonville Volunteer Fire D							
P.O. Box 37							
Camptonville ,CA 95922							
8. PURPOSE OF MODIFICATION							
CHECK ALL This modification is issued pursuant to the modification provision in the grant/agreement							
THAT APPLY: referenced in item no. 1, above.							
CHANGE IN PE	CHANGE IN PERFORMANCE PERIOD: 04/15/2012 thru 04/15/2013						
	CHANGE IN FUNDING:						
	ADMINISTRATIVE CHANGES: Change FS Administrative Contact to: John V. Hefner, Grants Management Specialist,						
631 Coyote St., Nevada City, CA 95959. Telephone: 530-478-6828 Fax: 530-478-6126 Email:jvhefner@fs.fed.us;							
Change ADFMO contact to: Robert Noxon, Telephone (530)288-3231 OTHER (Specify type of modification):							
Except as provided herein, all terms and conditions of the Grant/Agreement referenced in 1, above, remain unchanged and in full force and effect.							
9. ADDITIONAL SPACE FOR DESCRIPTION OF MODIFICATION (add additional pages as needed):							
Annual Operating Plan for 2012 is the same and will remain in effect through 04/15/2013							
10. ATTACHED DOCUMENTATION (Check all that apply):							
Revised Scope of Work							
Revised Financial Plan							
Other:							
11. SIGNATURES							
AUTHORIZED REPRESENTATIVE: BY SIGNATURE BELOW, THE SIGNING PARTIES CERTIFY THAT THEY ARE THE OFFICIAL REPRESENTATIVES OF							
THEIR RESPECTIVE PARTIES AND AUTHORIZED TO ACT IN THEIR RESPECTIVE AREAS FOR MATTERS RELATED TO THE ABOVE-REFERENCED							
GRANT/ASPREEMEN'.							
HA Compton ille F.D. SIGNATU	RE	11.B. DATE SIGNED	11.C. U.S. FOREST SERVICESSIGN	IATURE	1	11.D. DATE SIGNED	
() / / X			Marin	·		.//	
(Six Associated)		4.9.12	(Signature of Signatory Official)			4/13/12	
(Signature of Signatory Official) 11.E. NAME (type on print): MARK JOKERST			11.F. NAME (type or print): TOM QUINN				
11.G. TITLE (type or print): Fire Chief			11.H. TITLE (type or print): Forest Supervisory				
12. G&A REVIEW 12. B. A REVIEW 12. B. DATE							
12.A. The authority and format of this modification have been reviewed and approved for signature by: 12.B. DATE SIGNED							
Killie Sam la							
KELLIE L. HAMILTON, R5							
U.S. Forest Service Grants & Agreements Specialist							



Burden Statement

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